## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

6192-6234-AA

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                |              |                              |                   |          | SMALL ENTITY TYPE ( |                        |         | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|---|--|---|--------------------------------|--------------|------------------------------|-------------------|----------|---------------------|------------------------|---------|-------------------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | 18                             |              |                              |                   |          | RATE                | FEE                    | )<br>   | RATE                          | FEE                    |  |
| FOR   |  |   | NUMBER FILED                   |              | NUMB                         | ER EXTRA          | E        | BASIC FEE           | 370.00                 | OR      | BASIC FEE                     | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | しる minus 20=                   |              | * &                          |                   | Ī        | X\$ 9=              |                        | OR      | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS  |  |   | g minus 3 =                    |              | * 5                          |                   |          | X42=                |                        | OR      | X84=                          | 420                    |  |
| MU  | ILTIPLE DEPEN                                  | DENT CLAIM PI                             | RESENT                         |              |                              |                   |          | +140=               |                        | OR      | +280=                         |                        |  |
| * If  | the difference                                 | in column 1 is                            | less than zero, enter "0" in o |              |                              | olumn 2           | L        | TOTAL               |                        | OR      | TOTAL                         | 1160                   |  |
| CLAIMS AS AMENDED - PART II   |  |   |                                |              |                              |                   |          | •                   |                        |         | OTHER                         | OTHER THAN             |  |
|   |  | (Column 1)                                | (Colum                         |              |                              | (Column 3)        |          | SMALL ENTITY        |                        | OR      | SMALL ENTITY                  |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | PREVI        | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                          | **           |                              | =                 |          | X\$ 9=              |                        | OR      | X\$18=                        |                        |  |
|   | Independent                                    | *   | Minus                          | ***          | T CL AIM                     | =                 |          | X42=                |                        | OR      | X84=                          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |              |                              |                   |          |                     |                        | OR      | +280=                         |                        |  |
|   |  |   |                                |              |                              |                   |          | TOTAL<br>DDIT. FEE  |                        | OR      | TOTAL<br>ADDIT. FEE           |                        |  |
|   |  | (Column 1)                                |                                | (Colu        | mn 2)                        | (Column 3)        | _        |                     |                        | •       |                               |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                          | **           |                              | =                 |          | X\$ 9=              |                        | OR      | X\$18=                        |                        |  |
|   | Independent                                    | *   | Minus                          | ***          | <del>-</del> 01 4114         | =                 |          | X42=                |                        | OR      | X84=                          |                        |  |
| Ľ   | FIRST PRESE                                    | NTATION OF MI                             | JUIPLE DEF                     | ENDEN        | I CLAIM                      |                   | <b>'</b> | +140=               |                        | OR      | +280=                         |                        |  |
|   |  |   |                                |              |                              |                   |          |                     |                        | OR      | TOTAL<br>ADDIT. FEE           |                        |  |
| ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE                                |  |   |                                |              |                              |                   |          |                     |                        |         |                               |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                          | **           |                              | =                 |          | X\$ 9=              |                        | OR      | X\$18=                        |                        |  |
|   | Independent                                    | *   | Minus                          | ***          |                              | =                 |          | X42=                |                        | OR      | X84=                          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |              |                              |                   |          |                     |                        |         | .000                          |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                |              |                              |                   |          |                     |                        | OR      | +280=                         |                        |  |
| **  | If the "Highest Nu                             | mber Previously P<br>imber Previously P   | aid For" IN THI                | S SPACE      | is less tha                  | ın 20, enter "20. | " AI     | TOTAL<br>DDIT. FEE  |                        | OR      | TOTAL<br>ADDIT. FEE           |                        |  |
|   | The "Highest Nun                               | nber Previously Pa                        | id For" (Total o               | r Independ   | dent) is the                 | e highest numbe   | er four  | nd in the app       | oropriate box          | k in co | lumn 1.                       |                        |  |